24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Rebuilding America Now	
	C C00618876
	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report filed	on
Full Name of Payee MULTI MEDIA SERVICES CORPORATION	Date of Public Distribution/Dissemination
MEDIA SERVICES CORT CRATION	09 15 2016
Mailing Address 915 KING STREET	Amazint
2ND FLOOR	Amount
City State Zip Code	1344000.00
ALEXANDRIA VA 22314	Transaction ID : SE24.389 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA Category/ Type 004	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
TRUMP, DONALD, J., , Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	orsement For: Primary General Other (specify) ■
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
	ursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	
	Other (specify) -
(a) CURTOTAL of Haminad Indonendant Evanaditures	101/000 00
(a) SUBTOTAL of Itemized Independent Expenditures	1344000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
	72 72 72
(c) TOTAL Independent Expenditures	1344000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
24.0	0 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	